

**DIRECTIVE NUMBER: 200-06-05**

**DATE:** February 15, 2013

**TO:** All Components of the Department of Labor

**FROM:** Lana Gordon, Secretary of Labor

**SUBJECT:** Establishment and Maintenance of Employee Travel Reimbursement Vendor File

1. Background. The State of Kansas is operating under an accounting system that requires the establishment of a vendor file of state employees to be reimbursed for travel or other expenses. No payments can be made to any vendors until information has been submitted for the vendor file.
2. Procedures. Each employee who anticipates being reimbursed by the state must complete the TM-21 Form, Dece21 "Stars Vendor Edit Table Maintenance Form." A TM-21 Form must be submitted to Fiscal Management each time a change of address and/or name occurs. If the change is made with Human Resources (Personnel), it also needs to be changed with Fiscal Management.
3. Instructions.
  - a. Prepared by: Name of individual completing the form.
  - b. Agency:, Phone:, Authorized By:,
  - c. Date:, Entered By:, Date:, Leave Blank
  - d. Function: Enter one character code that identifies the table maintenance function to be performed  
A - ADD a new record  
C - CHANGE an existing record
  - e. Vendor Number/SFX: Enter social security number. The last two preprinted spaces will be 00 or 01, depending on change made.
  - f. Min Bus:, Disadv.-Bus:, Woman-Bus:, Leave Blank
  - g. Sort-Sequence: Enter ten characters starting with last name, leave a space, and as much of first name as space allows.
  - h. Vendor-Name 1: Enter traveler's first name, then last name.
  - i. Vendor-Name 2: Leave Blank.
  - j. Vendor-Address: Enter the address to which payments are to be mailed.
  - k. City: Enter the city.
  - l. State: Enter the two character state abbreviation.
  - m. Zip Code: Enter the five or nine digit zip code.
  - n. Phone: Enter the telephone number for contact if a question arises.
  - o. Contact Name: EFF Start Date:, EFF End Date:, Leave Blank.
  - p. Explanation: Complete only in the case of a change, giving reason.
4. Action Required. Local office managers, section heads or unit managers are to ensure that all employees who will be receiving any state reimbursements, except for payroll, complete a TM-21 Form. Mail the completed form to Fiscal Management.

When there are changes to be made to the name and/or address of an employee who travels, a change must be submitted on TM-21 along with an explanation.

5. Inquiries. Annette Morris, (785) 296-5000 x2554.
6. Attachments. Blank TM-21 Form

Lana Gordon, Secretary of Labor  
*Signature on file*

Rescissions: 200-03-02	Expiration Date: Continuous
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